

Business / Liquor License Application

Business Information

Name of Business: _____

Address: _____

City, State & Zip: _____

Plaza Name: _____

Phone: (____) _____ Fax: (____) _____

IL Sales Tax #: _____

Describe the type of business (ex. Restaurant, tavern/pub, retail pkg, store)

If selling liquor, will alcohol be consumed on the premises?

Is the business owned by a (check one):

☐ Sole Owner/Proprietor

☐ Partnership

☐ LLC

☐ Joint Ownership / Owner Names: _____

☐ Corporation / Corporate Name: _____

Corporate Address: _____

Doing Business as: _____

Date & State Corp. Charter Issued _____

Names and addresses of all shareholders of a closely held corporation must be attached. As to a corporation traded publicly on the stock exchange, the name, address and phone number of the resident manager. All legal entities other than those traded on the stock exchange must submit all members to police screening. Please type or print the name, home address, phone, social security number, position and percent of ownership in the business and attach to this application.

Applicant Information

Applicant Name: _____

Address: _____

City, State & Zip: _____

Phone: (____)_____ Date of Birth: _____ SSN: _____

Drivers License #: _____

Place of Birth City _____ County _____ State _____

Country _____ Citizenship _____

If a naturalized citizen, please give date, County Court & State:

Your status or title in the business: _____

Building Information

Does the applicant own premises for which license is sought? YES / NO

If not, relate lessor of premises:

Name _____

Address _____

Please attach a copy of the lease to this application

Additional Information

Check the following which apply to your business:

☐ Amusement Devices

☐ Vending Machines / Product & Cost: _____

☐ Hotel/Motel Rooms

☐ Bowling Alley / Pool Hall

Please describe amusement devices:

Liquor License Information

List Dram Shop Insurance coverage including name and address of insurance company for both the license and owner of the building in which the alcoholic liquor will be sold for the duration of the license:

A copy of the insurance coverage must be provided and attached to this application

Please answer the following questions with regards to your liquor license:

1. Have you, any stockholder, member of the board of directors, partner, manager or resident manager, if applicable, ever made application for liquor license, food license and/or gambling license which was denied? If yes, cite when and details:

2. Have you, any stockholder, member of the board of directors, partner, manager or resident manager, if applicable, had any previous liquor license suspended or revoked or received a fine? If yes, cite when and details.

3. Have you, any stockholder, member of the board of directors, partner, manager or resident manager, if applicable, ever been convicted of a felony under Federal or State law or been convicted of gambling, pandering, keeping house of ill fame or had a felony reduced to a misdemeanor to which you plead guilty or were found guilty? _____

If the answer to any of these questions is yes, applicant must supply complete details of all convictions.

4. Do you, any stockholder, member of the board of directors, partner, manager or resident manager, if applicable, possess a current Federal Waging or Gaming Device Stamp? _____

If so, name _____, gaming number: _____

5. Does any stockholder, member of the board of directors, partner, manager, resident manager or any other person having an involvement directly or indirectly, in your place of business hold public office? ___ If so, what office? _____

6. Has the owner, manager or any employee of the business, passed a BASSETT class? _____ If so, give name of employee(s) and date of class: _____

7. If applicant is not a resident of the Village of Antioch a resident manager must be named:

Name _____ Address (within the Village) _____

Telephone Number (____) _____ Driver's License # _____

SS# _____ Date of Birth _____ Place of Birth _____

Citizenship _____ If naturalized citizen, when & where _____

NOTE: By law you are required to notify the Village in writing of any changes in the information listed in Questions 4 & 5 of this application within 30 days. The applicant will supply on request any additional information which is considered pertinent by the Liquor Commissioner.

Please check the license(s) you are applying for:

<u>License Type</u>	<u>Fee</u>
<input type="checkbox"/> Restaurant	\$50.00
<input type="checkbox"/> Food Dealers	\$50.00
<input type="checkbox"/> Amusement Devices	\$75.00/device
Number of Devices _____	
<input type="checkbox"/> Bowling Alley/Pool Hall	\$25.00
<input type="checkbox"/> Coin Operated Pool Hall	\$25.00/table
Number of Tables _____	
<input type="checkbox"/> Seasonal Business	\$50.00

Liquor Licenses

<input type="checkbox"/> Class A / Tavern*	\$600.00
<input type="checkbox"/> Class A / Late*	\$700.00
<input type="checkbox"/> Class AA / Hotel	\$600.00
<input type="checkbox"/> Class B / Retail Package	\$1,000.00
<input type="checkbox"/> Class C / Club*	\$200.00
<input type="checkbox"/> Class D / Beer Only	\$75.00/day not to exceed 3 days
<input type="checkbox"/> Class E / Full Service	\$75.00/day not to exceed 3 days
<input type="checkbox"/> Class G / Retail	\$400.00
<input type="checkbox"/> Class H / Beer & Wine*	\$500.00

*Initial Application and transfer of license to any party shall double the fee for that license

For Office Use Only

License # _____ Date Issued _____ Expires _____

Total Fee: \$ _____

This business use has been reviewed by the Planning and Zoning Director and is determined to be appropriate for the zoning district in which it is located.*

Building Department Official _____

Fire Department Official _____

Police Department _____ Fingerprinting card sent: _____

Lake County Health Department

Provide completed inspection report from Lake County*

***New business applicants must submit certifications from Lake County Health Department, and the Antioch Building & Zoning Department stating that the proposed licensed premises are in conformity with all of the regulations. No license shall be issued without said certifications.**

Renewal applications must pass an on-site inspection by the Village of Antioch Building and Zoning Department. To schedule an inspection, please call 847-395-9462. Licenses up for renewal that do not schedule an on-site inspection may be revoked until such an inspection is scheduled.